

**ICC PRIORITIES, OUTCOMES AND RECOMMENDATIONS**  
TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES  
SEPTEMBER 23, 2005

**EARLY ENTRY**

**Measurable Outcome:**

Increase the number and percentage of eligible children served to meet the 2.25% criterion set by OSEP

**Recommendations:**

		FRSC	ISHC	PAC	OSDS
		Related Recommendations			
EE-1	The ICC recommends that a research-based dissemination plan (State & local) be developed by DDS, with input from PAC, for distribution of the <i>Reasons for Concern</i> brochure to address potential referral sources that may be under-identifying young children, specifically those between 12-24 months of age.		IC-5 IC-6	*	
EE-2	The ICC recommends that DDS conduct a qualitative and quantitative analysis of outreach and child find practices in South Central Los Angeles, San Diego, San Andreas, Harbor, Redwood Coast and Westside Regional Center catchment areas to identify factors that may have resulted in a lower or higher number of children served in those geographical areas.		IC-6	*	C
EE-3	The ICC recommends that, based on a qualitative and quantitative analysis, DDS develop and disseminate a best practice document that will guide communities, including regional centers, LEAs and FRCs, in implementing effective child find activities		IC-6 IC-11	*	
EE-4	To maximize referral access by the general public, the ICC recommends regional centers serving multiple counties have a toll free number for accepting referrals and that this number be included on all of the regional center's outreach materials and their website's home page.			*	
EE-5	The ICC recommends that DDS expand the monitoring protocol for child find activities to include questions regarding inquiry and intake procedures.		IC-1 IC-3	*	C
EE-6	The ICC recommends that DDS provide written information to regional centers and local education agencies informing them of OSEP's policy clarifying inquiry and intake procedures.		IC-6	*	

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EE Recommendations (continued):

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
EE-7	The ICC recommends that the State of California home page and websites at partner State Departments, Head Start/Early Start, regional centers and local education agencies, have a link with a consistent tag line, to the Early Start Home page housed on the DDS website.			*	
EE-8	To ensure informed decision making regarding effective local child find efforts, the ICC recommends that DDS uniformly collect and annually report on data related to ethnicity, referral sources, geographic location, homelessness, migrant and out-of-home placement status, and age at referral of children with eligible conditions, as well as qualitative and quantitative data points related to the effectiveness of local child find activities.		IC-1	*	IFSP-2
EE-9	The ICC recommends that DDS evaluate Early Start outreach products and child find efforts for effectiveness and use the results of the evaluation to guide decisions regarding future child find activities.		IC-1	*	
EE-10	The ICC recommends that DDS include a fact sheet of child find opportunities in all mailings of Early Start materials and in handouts at Early Start Institutes in order to maximize awareness of available child find opportunities.		IC-10 IC-11	*	

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Priority:

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

Measurable Outcome:

IFSPs will document all required components and signed copies will be provided at the end of each IFSP meeting in 100% of records reviewed statewide.

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>▪ IFSP completed in 45 days</li> <li>▪ Appropriate persons present</li> <li>▪ Written notice of meeting provided</li> <li>▪ Notice provided in language of family choice</li> <li>▪ Outcomes include criteria, procedure, timeline</li> <li>▪ Services include method, frequency, duration and intensity</li> </ul> | <ul style="list-style-type: none"> <li>▪ Service provider identified</li> <li>▪ Service location identified</li> <li>▪ Justification provided for services outside natural environment</li> <li>▪ IFSP documents family's concerns, priorities and resources</li> <li>▪ Concerns, priorities and resources reflected in outcomes</li> </ul> | <ul style="list-style-type: none"> <li>▪ Document current levels in all five domains</li> <li>▪ Transition plan present where applicable</li> <li>▪ Referral to FRC made</li> <li>▪ Non-Part C services indicated</li> <li>▪ Parent understanding of IFSP process documented</li> <li>▪ Copies provided to all participants, as defined in federal statute</li> </ul> |
|--|---|---|

Recommendations:

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IFSP-1	The ICC recommends that each regional center designate staff as an Early Start resource developer to serve their Early Start catchment area.				*

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IFSP Recommendations (continued):

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IFSP-2	<p>The ICC recommends that an integrated process for Early Start monitoring be developed by DDS and CDE with mutual responsibilities for implementation at both the State and local levels including the following:</p> <ul style="list-style-type: none"> <li>• Align the instruments used for monitoring Early Start programs, resulting in a single instrument used to determine regulatory compliance.</li> <li>• CDE to add Key Performance Indicators (KPIs) focused on infants and toddlers in Part C.</li> <li>▪ Include representatives of both the Regional Center and LEA programs whenever reviews are done on dually eligible children</li> <li>▪ Model shared responsibility for implementing Early Start by including CDE and the LEA in all aspects of monitoring visits, including but not limited to identifying and addressing corrective actions</li> <li>▪ Clearly define and share with regional center and LEA programs, the standards for determining systemic issues and other findings</li> <li>▪ Ensure that records of children for whom the LEA has sole responsibility are included in all reports on Early Start programs</li> </ul>				*
IFSP-3	The ICC recommends that DDS utilize the draft or final questions from the NCSEAM Parent Satisfaction Survey instrument to develop, with parent review, new family satisfaction survey questions to collect IFSP outcome data, ascertain family satisfaction, identify technical assistance needs and establish satisfaction levels for future survey efforts.	C		EE-2	*
IFSP-4	<p>The ICC recommends that DDS expand monitoring tools to address the following:</p> <ul style="list-style-type: none"> <li>▪ Implementation and effectiveness of interagency agreements (see IFSP - 8)</li> <li>▪ Documentation informing parents of FRC services and indication of parent decision to access</li> <li>▪ Parent understanding of IFSP document</li> <li>▪ Documentation that all agencies or individuals involved have received copies of IFSP</li> </ul>	T-1 T-2	IC-3 IC-7 IC-8		*

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IFSP Recommendations (continued):

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IFSP-5	The ICC recommends that DDS monitoring reports include acknowledgement of areas of achievement, areas of improvement, and promising practices related to implementation of IFSP process.				*
IFSP-6	The ICC recommends that DDS develop a process for identifying and documenting quality indicators and promising practices in Early Start related to the IFSP process.				
IFSP-7	The ICC recommends that Early Start service coordinators have exclusively Part C or early childhood caseloads.				*
IFSP-8	ICC recommends that all service coordinators, vendors, LEA staff and FRC personnel be required to participate in Core, Service Coordination and other Early Start training institutes.				*
IFSP-9	The ICC recommends that DDS develop a process to review and monitor implementation of RC and LEA interagency agreements to ensure they identify relationships with and procedures for collaborating with partner agencies including but not limited to Early Start Family Resource Centers, Early Head Start/Head Start, First 5, County Mental Health, California Children's Services, Department of Social Services, Neonatal Intensive Care Units, and County Drug and Alcohol.		IC-2		*
IFSP-10	The ICC recommends that DDS report annually on the status and implementation of State level MOUs relating to the IFSP process including evidence of collaborative relationships with Early Start FRCs.		IC-2		

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Priority:

**TRANSITION**

Measurable Outcome:

Transition Plan to be completed by age three and an appropriate plan in place and implemented by child's third birthday.

Every Early Start Family reports receiving information needed to make informed decisions regarding their child's transition.

Every Early Start family reports high satisfaction with the transition process.

Recommendations:

		FRSC	ISHC	PAC	OSDS
		Related Recommendations			
T-1	The ICC recommends that DDS increase the number of family interview questions related to transition used in the Early Start monitoring process with input from the ICC Family Resources and Supports Committee, parents, and other interested parties.	*			IFSP-5
T-2	The ICC recommends that DDS expand the monitoring process to include families that have transitioned out of Early Start (children ages 3 years, 6 months – 4 years, 6 months) in individual family interviews, focus groups and record reviews. The ICC further recommends that DDS ensure that the monitoring process include families of children who: <ul style="list-style-type: none"> <li>• Have transitioned to regional center</li> <li>• Have transitioned to LEA Part B services and</li> <li>• Are not served by either regional center or LEA Part B.</li> </ul>	*			IFSP-5
T-3	The ICC recommends that DDS establish an ad hoc committee to assist with revising/updating the "Family Support Guidelines." Action item approved by ICC at May 2005 meeting.	*			

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Priority:

**INTERAGENCY COLLABORATION**

Measurable Outcome:

Demonstrated collaboration between RC and LEAs and all participating agencies, including but not limited to Head Start/Early Head Start, California Children's Services (CCS), County Health Departments, Mental Health (DMH), Department of Public Social Services (DPSS), Child Protective Services (CPS) and other health care systems.

Demonstrated collaboration between RC and LEAs and all participating health care systems including but not limited to private and public health providers, HMOs, PPOs and Medi-Cal/Medi-Cal Managed Care and PHCPs.

Increased participation of the health care community in the IFSP process as identified by the following:

- Identification of a general RC/LEA liaison to the PHCP community
- Identifying the PHCP on the IFSP
- Inviting PHCPs to the IFSP meeting
- Obtaining input from PHCP
- Interacting (collaborating/building relationships) with the PHCP
- Sending copies of the IFSP to the PHCP

Recommendations:

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IC-1	The ICC recommends that DDS collect evidence of interagency planning and collaboration during site monitoring visits from staff, community members and parents to identify baseline data, best practices and the most effective interagency collaborative child find and outreach strategies for use in technical assistance and training.		*	EE-5	IFSP-4

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## IC Recommendations (continued):

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IC-2	The ICC recommends that DDS and CDE encourage RCs and LEAs to formalize interagency collaboration practices with participating agencies into Memoranda of Understanding (MOUs) that include: <ul style="list-style-type: none"> <li>• Elements similar to those defined in regulations on interagency agreements</li> <li>• Documentation of interagency collaborative activities (annual review, meetings, contacts, etc.)</li> <li>• Activities to be monitored through the site monitoring process.</li> </ul>		*		IFSP-9 IFSP-10
IC-3	The ICC recommends that DDS review IFSPs during site monitoring visits for documentation of: <ul style="list-style-type: none"> <li>• Name of Primary Health Care Provider (PHCP),</li> <li>• Invitation of the PHCP to the IFSP meeting,</li> <li>• Actual participation and/or efforts to obtain PHCP input, and</li> <li>• A copy of the IFSP is sent to the PHCP.</li> </ul>		*		
IC-4	The ICC recommends that the definition of <u>Health Status</u> [Title 17 CCR, Section 52000(19)] be amended to reflect: "must include" rather than "may include" and that DDS implement a monitoring process to ensure local procedures are in place that reflect the amended language.		*		
IC-5	The ICC recommends that DDS develop a five-year strategic plan to implement training and information dissemination to physicians not informed about infant-toddler developmental screening and Early Start requirements including referral, services, and the role of the primary health care provider (PHCP). Partners should include but not be limited to the American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP) and institutions of higher learning.		*	EE1	
IC-6	The ICC recommends that DDS require and monitor a standardized Early Start intake procedure across the State to insure all contacts are appropriately screened and documented by regional centers and LEAs, and including the specific entities that recommended that parents contact an Early Start agency.		*	EE-1 EE-2 EE-3 EE-6	

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IC Recommendations (continued):

		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
IC-7	<p>The ICC recommends that DDS require that state and local service coordinator training include the following:</p> <ul style="list-style-type: none"> <li>• Identification of a general RC/LEA liaison to the Primary Health Care Provider community</li> <li>• Identifying the PHCP on the IFSP</li> <li>• Inviting PHCPs to the IFSP meeting</li> <li>• Obtaining input from PHCP</li> <li>• Interacting (collaborating/building relationships) with the PHCP</li> <li>• Sending copies of the IFSP to the PHCP</li> </ul>		*		
IC-8	<p>The ICC recommends that DDS revise the brochure entitled <i>The Role of the Health Care Provider</i> to address the importance of the role of the health care provider in the development of the IFSP.</p>		*		
IC-9	<p>The ICC recommends that DDS include information to inform parents about the role of the health care provider in appropriate informational brochures.</p>		*		
IC-10	<p>The ICC recommends that all Early Start public awareness materials be reviewed by the FRSC during development and updating process.</p>				

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